



Application No. (if known): 10/556,349

Attorney Docket No.: 80081(302721)

## Certificate of Hand Delivery

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on February 15, 2008  
Date

Rebecca L. Brimmer  
Signature

Rebecca L. Brimmer  
Typed or printed name of person signing Certificate

Registration Number, if applicable

(202) 478-7370  
Telephone Number

Note: The following papers are submitted:

Transmittal (1 pages)  
Fee Transmittal Form (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Response to Non-Final Office Action (2 pages)  
Terminal Disclaimer (1 page)  
English Translations of Priority Documents JP2004-018955 & JP2004-018957  
Charge \$250.00 to deposit account 04-1105



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

|                         |      |        |
|-------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 250.00 |
|-------------------------|------|--------|

| <b>Complete if Known</b> |                        |
|--------------------------|------------------------|
| Application Number       | 10/556,349-Conf. #8934 |
| Filing Date              | November 10, 2005      |
| First Named Inventor     | Takeshi Hashimoto      |
| Examiner Name            | B. Rojas               |
| Art Unit                 | 2832                   |
| Attorney Docket No.      | 80081(302721)          |

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_  
 Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 310                | 155                 | 510                | 255                 | 210                     | 105                 |                       |
| Design                  | 210                | 105                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 210                | 105                 | 310                | 155                 | 160                     | 80                  |                       |
| Reissue                 | 310                | 155                 | 510                | 255                 | 620                     | 310                 |                       |
| Provisional             | 210                | 105                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

| <u>Small Entity</u> |                 |
|---------------------|-----------------|
| <u>Fee (\$)</u>     | <u>Fee (\$)</u> |
| 50                  | 25              |
| 210                 | 105             |
| 370                 | 185             |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 =              | x                   | =               |                      |

HP = highest number of total claims paid for, if greater than 20.

|                                  |                      |
|----------------------------------|----------------------|
| <u>Multiple Dependent Claims</u> |                      |
| <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 3 =                | x                   | =               |                      |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |                                                         |                 |                      |
|---------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 =             | /50 =               | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

1814 Statutory Disclaimer 130.00

**SUBMITTED BY**

|                   |                          |                                      |        |           |                   |
|-------------------|--------------------------|--------------------------------------|--------|-----------|-------------------|
| <u>Signature</u>  | <u>William L. Brooks</u> | Registration No.<br>(Attorney/Agent) | 34,129 | Telephone | (202) 478-7370    |
| Name (Print/Type) |                          | Date                                 |        |           | February 15, 2008 |

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Dated: February 15, 2008

Signature: Rebecca L. Brimmer (Rebecca L. Brimmer)



PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                          |  |                        |                        |
|------------------------------------------|--|------------------------|------------------------|
|                                          |  | Application Number     | 10/556,349-Conf. #8934 |
|                                          |  | Filing Date            | November 10, 2005      |
|                                          |  | First Named Inventor   | Takeshi Hashimoto      |
|                                          |  | Art Unit               | 2832                   |
|                                          |  | Examiner Name          | B. Rojas               |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 80081(302721)          |

### ENCLOSURES (Check all that apply)

|                                                                           |                                                                                         |                                                                                         |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                                     | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition                                                       | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter                                                  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input checked="" type="checkbox"/> Terminal Disclaimer                                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                                             |                                                                                         |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |                                                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD                                          |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <b>Remarks</b>                                                                          |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                         |                                                                                         |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                   |          |        |
|--------------|-----------------------------------|----------|--------|
| Firm Name    | EDWARDS ANGELL PALMER & DODGE LLP |          |        |
| Signature    |                                   |          |        |
| Printed name | William L. Brooks                 |          |        |
| Date         | February 15, 2008                 | Reg. No. | 34,129 |

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